

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 124231
Permit No. _____
Basin No. 049

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 73787
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME ARNOLD BECK CONSTRUCTION INC
MAILING ADDRESS 247 GREENCREST DR
SPRING CREEK, NV 89815

DETAILED ADDRESS AT WELL LOCATION 2498 HAMILTON CREEK TRL

2. PLS LOCATION NE 1/4 NW 1/4 33 Sec 34N N/S 55 E
PERMIT/WAIVER NO. 006-09Q-044
Issued by Water Resources Current Parcel No.

Subdivision Name: SPECIAL LANDS County: ELKO
Latitude 602451 UTM E NAD 27
Longitude 4516615 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen. Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Last Circ.	Water Strata	From	To
ALLUVIUM			0	40'
LIGHT GREEN CLAYS			40'	100'
DARK GREEN CLAYS			100'	190'
LIGHT GREEN CLAYS			190'	200'
DRAK GREEN CLAYS		XX	200'	380'
DARK GREEN CLAYS WITH GRAVELS & VOLCANIC'S		XXX	380'	400'

9. INSTRUCTION

Depth Drilled: 400' Feet Depth Cased: 400' Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>400'</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>13</u>	<u>.188</u>	<u>+1.5</u>	<u>400'</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>5'</u> to <u>25'</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Bentonite Chips	<u>25'</u> to <u>50'</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>50'</u> to <u>400'</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

PERFORATIONS:

Type of perforation: PLASMA CUT

Size of perforation: 3/16" X 4" 6 ROWS

From <u>380'</u>	Feet	To <u>400'</u>	Feet
From _____	Feet	To _____	Feet
From <u>340'</u>	Feet	To <u>380'</u>	Feet
From _____	Feet	To _____	Feet

Date started: 9-Dec 20 15
Date completed: 12/10/2015 20 15

7. WATER QUALITIES
Static water level: 124' Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 87 ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA

Test Method:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>400'</u>	<u>25</u>		<u>1hr.</u>
<u>340'</u>	<u>17</u>		<u>1hr.</u>
<u>300'</u>	<u>16</u>	<u>240'=10</u>	<u>.5hr.</u>
<u>280'</u>	<u>15</u>	<u>220'=9</u>	<u>.5hr.</u>
<u>260'</u>	<u>10</u>	<u>200'=5</u>	<u>.5hr.</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision. This report is true to the best of my knowledge.

Name: HACKWORTH DRILLING INC. Contractor
Address: P.O. BOX 850, ELKO, NV 89803 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 020582
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2329

Signed: [Signature]
By driller performing actual drilling on site or contractor

Date: 12/11/2015

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

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NAD 27: 40.796050°N
115.785599°W